

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-27-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes 97545WH and 97546WH.

## II. FINDINGS

The respondent denied reimbursement based upon “V – Unnecessary Treatment with Peer Review; and A –Preauthorization not obtained.”

On 10-17-02, \_\_\_, gave preauthorization approval for work hardening five (5) times per week for three (3) weeks. Start date of 10-14-02 and end date of 11-14-02.

On 11-21-02, \_\_\_ gave preauthorization approval for 15 units of 97545WH; and 30 units of 97546WH. Start date 11-21-02 end date 12-30-02.

On 12-31-02, \_\_\_ gave preauthorization approval for 15 units of 97545WH; and 30 units of 97546WH. Start date 11-21-02 end date 1-10-03.

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-4-02 11-5-02 11-6-02 11-7-02 11-11-02 11-12-02 11-13-02 12-13-02 1-2-03	97545WH (2 hours)	\$128.00	\$0.00	V	\$64.00 /hr for CARF Accredited and \$51.20 / hr	Rule 133.301(a) Medicine GR (II)(E) and (C)	HCFA-1500s do not indicate modifier “AP” was used in billing for work hardening program; therefore, the MAR per hour is \$51.20.
	97546WH (6 hours)	\$384.00					Since preauthorization was obtained for work hardening program, the insurance carrier violated Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity.  Work hardening reports supports billed service; therefore, reimbursement of 8 hours per day X \$51.20 = \$409.60/ day X 9 dates = \$3686.40.
12-11-02 12-12-02	97545WH (2 hours)	\$128.00	\$0.00	A	\$64.00 /hr for CARF Accredited and	Rule 134.600	Preauthorization was obtained for work hardening program; therefore,

	97546WH (6 hours)	\$384.00			\$51.20 / hr	Medicine GR (II)(E) and (C)	work hardening program; therefore, insurance carrier incorrectly denied reimbursement based upon "A".  Work hardening reports supports billed service; therefore, reimbursement of 8 hours per day X \$51.20 = \$409.60/ day X 2 dates = \$819.20.
TOTAL							The requestor is entitled to reimbursement of <b>\$4505.60</b>

#### IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (97545WH and 97546WH) in the amount of **\$ 4505.60**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4505.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division